

STATE: MINNESOTA  
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6.d. Other practitioners' services. (continued)

B. **Public health nursing services.**

If the actual use of personal care assistant service varies significantly from the use projected in the service plan, the month-to-month plan must be promptly updated by the recipient or responsible party and the public health nurse.

Public health nurses who administer pediatric vaccines as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

6.d. Other practitioners' services. (continued)

- C. **Ambulatory surgical center** means a facility licensed as an outpatient surgical center under Minnesota Rules, parts 4675.0100 to 4675.2800 and certified under 42 CFR 416, to provide surgical procedures which do not require overnight inpatient hospital care.

Ambulatory surgical center services covered under this item are facility services furnished in connection with a covered surgical procedure. The following items and services are included in the facility services payment:

- (1) Nursing services and other related services of employees who are involved in the recipient's health care.
- (2) Use by the recipient of the facilities of the ambulatory surgical center, including operating and recovery rooms, patient preparation areas, waiting rooms, and other areas used by the patient or offered for use by those persons accompanying the recipient in connection with surgical procedures.
- (3) Drugs, medical supplies, and equipment commonly furnished by the ambulatory surgical center in connection with surgical procedures. Drugs are limited to those which cannot be self-administered.
- (4) Diagnostic or therapeutic items and services that are directly related to the provision of a surgical procedure.
- (5) Administrative, record keeping, and housekeeping items and services necessary to run the ambulatory surgical center.
- (6) Blood, blood plasma, and platelets.
- (7) Anesthetics and any materials, whether disposable or reusable, necessary for the administration of the anesthetics.

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6.d. Other practitioners' services. (continued.)

- D. **Certified registered nurse anesthetist (CRNA) services** may be provided by a registered nurse who is certified by the Council on Certification of the American Association of Nurse Anesthetists, or certified by the Council on the Recertification of Nurse Anesthetists of the American Association of Nurse Anesthetists, or who has graduated within the past 18 months from a nurse anesthesia program that meets the standards of the Council on Accreditation of Nurse Anesthesia Educational Programs and is awaiting initial certification.

Coverage is limited to the following:

- (1) services provided by a CRNA who is:
  - (a) practicing independently; or
  - (b) if not practicing independently, services that are not reimbursed as a part of the inpatient hospital's base rate under Attachment 4.19-A and for which the hospital has notified the Department by July 1, 1991, of their intent to exclude CRNA services from their charges; or
  - (c) practicing under the medical direction of an anesthesiologist.
- (2) time elapsed from the preparation of the patient for induction to the time when the CRNA is no longer in attendance.

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6.d. Other practitioners' services. (continued.)

E. **Nurse practitioner services** are limited to:

- (1) Services performed by an adult nurse practitioner, obstetrical/gynecological nurse practitioner, neonatal nurse practitioner, or geriatric nurse practitioner certified by the appropriate certification entity and provided within the scope of practice of the nurse practitioner's license as a registered nurse; and
- (2) The types of services covered by Medical Assistance as physicians' services under item 5.a. and which are within the scope of the nurse practitioner's license as a registered nurse.

Nurse practitioners who administer pediatric vaccines as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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6.d. Other practitioners' services. (continued.)

F. Coverage of **Phlebotomy and Case Management Services** provided as a component of the Clozaril Patient Monitoring System is limited to:

- (1) Venipuncture, which may be provided by any outpatient hospital, laboratory, or physician that meets the applicable provider requirements under Item 2.a., Outpatient hospital services, Item 3, Other laboratory and x-ray services, or Item 5.a., Physicians' services.
- (2) Patient monitoring services, which may be provided by any outpatient hospital, physician, clinic, or pharmacy that:
  - a. meets the applicable provider requirements under Item 2.a., Outpatient hospital services, Item 3, Other laboratory and x-ray services, Item 5.a., Physicians' services, or Item 12.a., Prescribed drugs; and
  - b. is registered with Sandoz Pharmaceuticals Corporation as an entity eligible to participate in the Clozaril Patient Monitoring System.

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7. Home health services.

- Covered home health services are those provided by a Medicare certified home health agency which are:
  - (a) medically necessary health services; (b) ordered by a physician; (c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and (d) provided to the recipient at his or her own place of residence that is a place other than a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), or licensed health care facility unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR, part 483, subpart I.
- Department prior authorization is required for home health aide visits or skilled nurse visits, unless the professional nurse determines an immediate need for up to 40 home health aide visits or skilled nurse visits per calendar year and submits a request for authorization within 20 working days of the initial service date, and medical assistance is the appropriate payer.

Department prior authorization is based on medical necessity; physician's orders; the recipient's needs, diagnosis, condition; the plan of care; and cost-effectiveness when compared with other care options.

- The following home health services are not covered under medical assistance:
  - a) home health services that are the responsibility of the foster care provider;
  - b) home health services when the number of foster care residents is greater than four;

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7. Home health services. (continued)

- c) home health services when combined with private duty nursing services, personal care services, and foster care payments, less the base rate, that exceed the total amount that public funds would pay for the recipient's care in a medical institution. This is a utilization control limitation conducted on a case-by-case basis in order to provide the recipient with the most cost-effective, medically appropriate services;
- d) services to other members of the recipient's household;
- e) any home care service included in the daily rate of the community-based residential facility in which the recipient resides;
- f) nursing and rehabilitation therapy services that are reasonably accessible to a recipient outside their place of residence, excluding the assessment, counseling and education, and personal care. However, home-bound recipients are not required to receive such services outside their home; and
- g) any home health agency service, excluding personal care assistant services and private duty nursing services, which are performed in a place other than the recipient's residence.

•• Home health agencies that administer ~~the~~ pediatric vaccines ~~listed as noted~~ in item 5.a., Physician's services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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7.a. Intermittent or part-time nursing service provided by a home health agency, or by a registered nurse when no home health agency exists in the area.

- Covered intermittent or part-time nursing services are those provided by a Medicare-certified home health agency which are:
  - a) medically necessary;
  - b) ordered by a physician;
  - c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
  - d) provided to the recipient at the recipient's own place of residence that is a place other than a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), or licensed health care facility unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR §483, subpart I.
- Homemaker services, social services, educational services, and services not prescribed by the physician are not paid by medical assistance.
- Home health agencies or registered nurses that administer ~~the~~ pediatric vaccines listed as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.
- Nurse visits are covered by medical assistance. The visits are provided in a recipient's residence under a plan of care or service plan that specifies a level of care which the nurse is qualified to provide. These services are:
  - a) nursing services according to the written plan of care or service plan and accepted standards of medical and nursing practice in accordance with State laws governing nursing licensure;



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7.a. Intermittent or part-time nursing service provided by a home health agency, or by a registered nurse when no home health agency exists in the area. (continued)

- b) services which, due to the recipient's medical condition, may only be safely and effectively provided by a registered nurse or a licensed practical nurse;
  - c) assessments performed only by a registered nurse; and
  - d) teaching and training the recipient, the recipient's family, or other caregivers requiring the skills of a registered nurse or licensed practical nurse.
- The following services are not covered under medical assistance as intermittent or part-time nursing services:
  - a) nurse visits for the sole purpose of supervision of the home health aide;
  - b) a nursing visit that is:
    - i) only for the purpose of monitoring medication compliance with an established medication program; or
    - ii) to administer or assist with medication administration, including injections, prefilling syringes for injections, or oral medication set-up of an adult recipient, when as determined and documented by the registered nurse, the need can be met by an available pharmacy or the recipient is physically and mentally able to self-administer or prefill a medication;
  - c) a visit made by a nurse solely to train other home health agency workers;
  - d) nursing services that are reasonably accessible to a recipient outside their place of residence, excluding the assessment, counseling and education, and personal care; and

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7.a. Intermittent or part-time nursing service provided by a home health agency, or by a registered nurse when no home health agency exists in the area. (continued)

- e) Medicare evaluation or administrative nursing visits for dually eligible recipients that do not qualify for Medicare visit billing.